The All-Payer Claims Database

Version 1.0

Documentation Guide

Member Eligibility File

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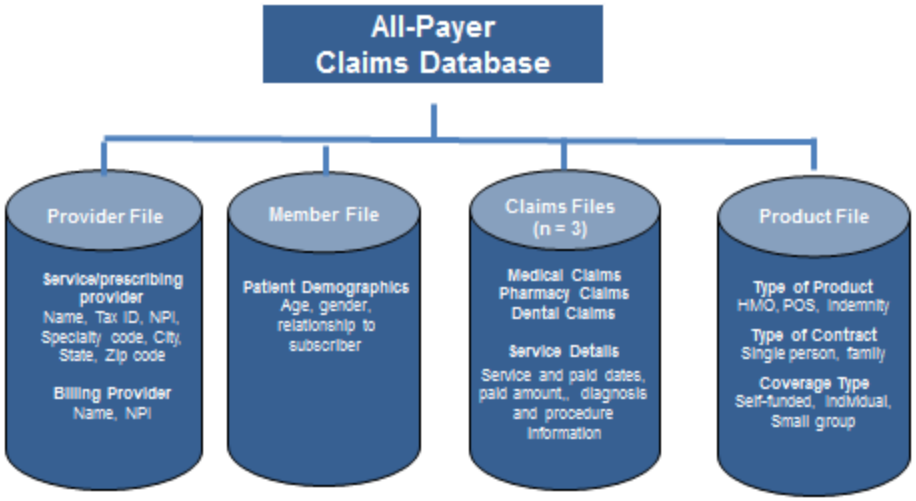

For ease of use, the Center for Health Information and Analysis (CHIA) has created separate documents for **each** APCD file type and two for the appendices—for a total of eight separate documents. All are available on the CHIA website.

INTRODUCTION

The Center for Health Information and Analysis (CHIA) was created to be the hub for high quality data and analysis for the systematic improvement of health care access and delivery in Massachusetts. Acting as the repository of health care data in Massachusetts, CHIA works to provide meaningful analysis for those seeking to improve health care quality, affordability, access, and outcomes.

To this end, the **All-Payer Claims Database (APCD)** affords a deeper understanding of the Massachusetts health care delivery system by providing access to accurate and detailed claims-level data essential to improving quality, reducing costs, and promoting transparency. This document is provided as a manual to accompany the release of data from the APCD.

The **APCD** is comprised of **medical**, **pharmacy**, and **dental claims**, and information from the **member eligibility**, **provider**, and **product** files, that is collected from health insurance payers operating in the Commonwealth of Massachusetts. This information encompasses public and private payers as well as insured and self-insured plans.

APCD data collection and data release are governed by **regulations** which are available on the APCD website (see http://www.mass.gov/chia/gov/laws-regs/chia-regulations.html).

APCD DATA COLLECTION

History

Establishment of the Massachusetts APCD

The first efforts to collect claim-level detail from payers in Massachusetts began in 2006 when the Massachusetts Health Care Quality and Cost Council (HCQCC) was established, pursuant to legislation in 2006, to monitor the Commonwealth's health care system and disseminate cost and quality information to consumers. Initially, data was collected by a third party under contact to the HCQCC. On July 1, 2009, the Division of Health Care Finance and Policy (DHCFP) assumed responsibility for receiving secure file transmissions, creating, maintaining and applying edit criteria, storing the edited data, and creating analytical public use files for the HCQCC. By July 2010, Regulations 114.5 CMR 21.00 and 114.5 CMR 21.00 became effective, establishing the APCD in Massachusetts.

Chapter 224 of the Acts of 2012, "An Act Improving the Quality of Health Care and Reducing Costs Through Increased Transparency, Efficiency and Innovation," created the Center for Health Information and Analysis (CHIA) which assumed many of the functions – including management of the APCD – that were previously performed by the Division of Health Care Finance and Policy (DHCFP).

According to Chapter 224, the purpose of the Massachusetts APCD is **Administrative Simplification:**

> **"**The center shall collect, store and maintain such data in a payer and provider claims database. The center shall acquire, retain and oversee all information technology, infrastructure, hardware, components, servers and employees necessary to carry out this section. All other agencies, authorities, councils, boards and commissions of the commonwealth seeking health care data that is collected under this section shall, whenever feasible, utilize the data before requesting data directly from health care providers and payers. In order to ensure patient data confidentiality, the center shall not contract or transfer the operation of the database or its functions to a third-party entity, nonprofit organization or governmental entity; provided, however, that the center may enter into interagency services agreements for transfer and use of the data. "

A Preliminary Release of the APCD – covering dates of service CY 2008-10 and paid through February 28, 2011 – was released in 2012. Release 1.0 covers dates of service CY 2009-11 and paid through February 2013.

APCD Data Collection Process

The data collected from the payers for the APCD is processed by the **Data Compliance and Support** team. Data Compliance works with the payers to collect the data on a regular, predetermined, basis and ensure that the data is as complete and accurate as possible. The **Data Quality Assurance** and **Data Standardization and Enhancement** teams work to clean and standardize the data to the fullest extent possible. Data Standardization relies on **external source codes**[1] from outside government agencies, medical and dental associations, and other vendors to ensure that the data collectors properly utilized codes and lookup tables to make data uniform.

Edits

When payers submit their data to CHIA for the APCD, an **Edits process** is run on each file to check that the data complies with requirements for the file and for each data element in the file.

The automated edits perform an important data quality check on incoming submissions from payers. They identify whether or not the information is in the expected format (i.e. alpha vs. numeric), contains invalid characters (i.e. negative values, decimals, future dates) or is missing values (i.e. nulls). If these edits detect any issues with a file, they are identified on a report that is sent to the payer.

Data elements are grouped into four categories (A, B, C, and Z) which indicate their relative analytic value to the Center and APCD users. Refer to the **File Layout** sections of each document to view the Edit Level for each Data Element:

- '**A**' level fields must meet their **APCD threshold percentage** in order for a file to pass. There is an allowance for up to a 2% variance within the error margin percentage (depending on the data element). If any '**A**' level field falls below this percentage it will result in a failed file submission for the payer and a discussion with their liaison regarding corrective action.
- The other categories (**B, C, and Z**) are also **monitored**, but the thresholds are not presently enforced.

Variances

The **Variance process** is a collaborative effort between the payer and CHIA to reach a mutually agreed upon **threshold percentage** for any data element which may not meet the APCD standard. Payers are allowed to request a lower threshold for specific fields, but they must provide a business reason (rationale) and, in some cases, a remediation plan for those elements. CHIA staff carefully reviews each request and follows up with a discussion with the payers about how to improve data quality and possibly suggest alternative threshold rates or possibly "ramping up" overtime to the threshold. CHIA's goal is to work with payers to improve the quality of the APCD overtime.

Once this process is complete, the variance template is loaded into production so that any submissions from the payer are held to the CHIA standard thresholds and any approved variances. The payer receives a report after each submission is processed which compares their data against the required threshold percentages. 'Failed' files are reviewed by the Center liaisons and discussed with the payer for corrective action.[2]

[1] For information on External Source Codes, refer to **Appendix 10** in the Appendices Release Document.
[2] For information on overall variance requests made by the payers and accepted by CHIA, see **Appendix 7**.

Broad Caveats

Researchers using the APCD Release 1.0 data should be aware of the following:

- Release files include data submitted to the Center through **February 2013**. Data submitted to the Center after February 2013 is **NOT** included in the files.
- Due to the variance process, data quality may vary from one payer to another. Consult Appendix 7 for more information.
- Claim Files submitted **through June 2010** were accepted with **relaxed edits**. (Refer to the edits section of this document.)
    - The release files contain the data submitted to the Center including valid and invalid values. Please refer to the "Data Dictionary" pages in the CHIA website for details concerning the frequency of invalid codes for key data elements.
- Certain data elements were cleaned when necessary. Detail on the cleaning logic applied is described at the end of each file layout.
- Certain data elements were redacted to protect against disclosure of sensitive information.[3]
- Some Release Data was manipulated for compliance with HIPAA:
    - Assignment of linkage IDs to replace reported linkage identifiers (see **Appendix 4**).
    - Member Birth Year is reported as 999 for all records where the member age was reported as older than 89 years on the date of service.
    - Member Birth Year is reported as Null for all records where the member was reported as older than 115 years on the date of service.

APCD Release 1.0 Overview

The **APCD** is comprised of data elements collected from **all Private and Public Payers**[4] of eligible **Health Care Claims** for Massachusetts Residents.[5] Data is collected in six file types: **Product (PR)**, **Member Eligibility (ME)**, **Medical Claims (MC)**, **Dental Claims (DC)**, **Pharmacy Claims (PC)**, and **Provider (PV)**. Each is described separately in this user manual.

Highlights of the release include:

- Data is available for dates of service from January 1, 2009 to December 31, 2011 as paid through February 28, 2013.
- Data elements are classified as either Level 2 or Level 3 data elements. Level 2 include data elements that pose a risk of re-identification of an individual patient. Level 3 data elements are generally either Direct Personal information, such as name, social security number, and date of birth, that uniquely identifies an individual or are among the 18 identifiers specified by HIPAA. Refer to the **File Layout** sections for listings of Level 2 and Level 3 data elements for each file.[6]
- Certain identifying or sensitive data elements are **Masked** in the release in order to protect personally identifiable information and allow for the linkage of data elements within the same file.
- Some data elements have been derived by CHIA from submission data elements or have been added to the database to aid in versioning and identifying claims (e.g. Unique Record IDs and status flags). Refer to the **File Layout** sections for detail.

In addition to this User Manual, CHIA created a **Data Dictionary** for key APCD data elements which is available on the CHIA website. Users are encouraged to consult this User Manual and Data Dictionary prior to submitting an application to obtain APCD data.

[3] Detail on the redaction process is available in **Appendix 3.**

[4] Medicare data is only available to state agencies. Medicaid data requires separate approval from the Massachusetts Executive Office of Health and Human Services.

[5] In certain instances out of state residents are included. Most notably enrollees in the State's Group Insurance Commission medical programs and enrollees in plans subject to the Massachusetts risk adjustment program for the Affordable Care Act.

[6] Note that Level 1 (de-identified) extracts of the Medical Claims (MC) and Pharmacy Claims (PC) APCD files will be released by CHIA in the coming months.

Changes from Preliminary Release 1 to Release 1.0

APCD Release 1.0 features substantive changes from the Preliminary Release. Most notably:

1. **The claims files (Medical, Pharmacy, and Dental) are organized based on Date of Service.**
   Previously the claims data was released based on Date of Submission.

2. **There is only one Provider File (PV) and one Product File (PR).**
   Previously, there were files for each year. Release 1.0 aggregates submissions across years.

3. **This release does not include Public Use data elements; only Restricted Use elements.**
   Data elements in this release are identified as either Level 2 or Level 3 (previously designated as No Release). De-identified extracts of the Medical Claims (MC) and Pharmacy Claims (PC) files will be released separately. In order to better comply with privacy rules and regulations, there are no longer any APCD "Public Use Files."

4. **Medicare and Medicaid data are now available.**
   Different use criteria apply. Consult the CHIA website and the data release regulations for details.

5. **Data elements have been assigned to different to release levels. Several data elements that were previously identified as "No Release" are now considered Level 2 ("Restricted Use").**
   Refer to the File Layout sections for details.

6. **In some instances, the logic used to clean the data may have changed**
   Refer to the Cleaning Logic section at the end of each File Layout for further details on the way the data was cleaned for each file type.

7. **Address and demographic data have been standardized across the files.**
   This standardization process increases its analytic value. Refer to the File Layout sections.

MEMBER ELIGIBILITY FILE

As part of the All Payer Claims Database (APCD), payers are required to submit a Member Eligibility file. Annual eligibility files contain all eligibility records with at least one day of member eligibility within the calendar year. For the June 2013 Release, **one file per year** will be released, i.e. December 2009, December 2010, and so on. Each year's Eligibility File will contain a 24-month rollback of eligibility. If data from 2009-2011 is requested, then three Eligibility Files will be released (December 2009, December 2010, and December 2011).

Below are details on business rules, data definitions and the potential uses of this data. For a full list of elements refer to the File Layout section.

Types of Data Collected in the Member Eligibility File:

Subscriber / Member Information

Both member and subscriber information is collected in the file; however, the eligibility information is related strictly to the **member**, who may or may not be the subscriber. The subscriber information is mainly used to link the member to a subscriber, and is a requirement of other states.

Non-Massachusetts Resident

The Center will not require payers submitting claims and encounter data on behalf of an employer group to submit claims data for employees who reside outside of Massachusetts, unless the payer is required by contract with the Group Insurance Commission.

Demographics

The Center is collecting birth date information on each Subscriber and Member. This information is also useful with matching algorithms.

Coverage Indicators

The Center is collecting coverage indicator flags to determine if a member has medical, dental, pharmacy, behavioral health, vision and/or lab coverage. These fields may be compared against the Product file and will be helpful in understanding benefit design.

Dates

The Center is collecting two sets of start and end dates.

- ME041 and ME042 are the dates associated with the **member's enrollment with a specific product**. ME041 captures the date the member enrolled in the product and ME042 captures the end date or is Null if they are still enrolled.
- ME047 and ME048 are the dates a **member is enrolled with a specific PCP**. For plans or products without PCPs, these fields will not be evaluated.

Member Eligibility Release File Structure:

Issue	Clarification
Release File Format	Release files will be in an **asterisk-delimited text file**. • Only the requested and approved Data Elements will be included in the release file. • Released elements will be delimited in the same order as is found in the File Layout section of this document.

Issue	Clarification
Rows	Each row represents a **unique instance of a Member and their Product Eligibility** and attributes. ▪ If a Member is eligible for more than one Product, then the Member will be reported again on another record in the same month. ▪ If a Member has more than one PCP under the same Product, then the Member and Product will be reported again on another record in the same month. ▪ If a member has a break in eligibility, this would require multiple records. This allows the opportunity to analyze information on Member Eligibility to Products and Member Eligibility to Claims, to better understand utilization. Accurate enrollment data is needed to calculate member months by product and by provider.
	• ME file detail level is defined as **at least one record per member, per product id, per begin and end date of eligibility for that product**. • Multiple records for "Member + Product" may exist, but begin and end eligibility dates should not overlap. • Only a product change, or break in eligibility, triggers a requirement for a new eligibility record. Note that **coverage attributes** such as PCP should reflect the values most relevant to: o the **end period** for the Eligibility segment (if an inactive segment) or o the Member Eligibility file **end period**, e.g.: ▪ 12/31/2009 for first legacy filing ▪ 12/31/2010 for the second legacy filing
Unique Record ID	• A Unique Record ID for each eligibility record will be assigned by the Center. • All public and restricted use files will contain the unique record ID to enable linking between the records in the public use file and the restricted use file.
Example of multiple rows in the ME file:	The ME file should contain **one record per member per product per eligibility time period**. If medical and pharmacy benefits are delivered via two separate products rather than a bundled product (e.g.: HMO Medical 1000 and RX Bronze) we expect two records, one for HMO Medical 1000 and one for RX Bronze. The Prescription Drug Coverage indicator (ME019) would have a value of '2' for No in the HMO Medical 1000 eligibility record, and the Medical Coverage indicator (ME020) would have a value of '1' for Yes. Those two field values would be reversed in the RX Bronze eligibility record. Each product would also need to be in the Product File, with PR006 indicating that the product is a Pharmacy, Medical or other product. We would expect the product Benefit Type to correlate to the flags in the Eligibility File. For example for the Product File record for the HMO Medical 1000 we would expect PR006 product Benefit Type to be '1' which equals a description of 'Medical Only' and RX Bronze's Product File record would have a value of '2' for 'Pharmacy Only' in PR006.

Issue	Clarification
Redundancy with the Claims file data elements	Many of the segments in the file use similar semantics to claims data, and some fields are exact duplicates of fields on the claim file. The Center is seeking what is in the Payer's Member File regardless of the information that comes in on Claims. This extra or similar information across files is needed to support analysis of the variations of Member Eligibility, and is also a requirement of other states.
Some companies do not track Member's date of death.	The intent of collecting this data element is to aid with ending a Member's Eligibility, regardless of place of expiration. Report when known.
There are a number of elements in the file layout that do not apply to some payers.	Individual elements each have a reporting threshold setting, which allows Payers to meet reporting requirements. The Center realizes that the current format does not fit all Payers. The **variance process** allows for Payers to address any inability to meet threshold requirements.
If claims are processed by a third-party administrator, who is responsible for submitting the data and how should the data be submitted?	In instances where more than one entity administers a health plan, the health care payer **and** third-party administrators are responsible for submitting data according to the specifications and format defined in the Submission Guides. This means that some records may be represented twice – once by the payer, and once by the TPA. The Center's objective is to create a **comprehensive** All-Payer database which must include data from all health care payers and third-party administrators. Future releases planned by the Center will consolidate duplicative eligibility and claims reporting to remove duplication and provide one set of the most complete and accurate data.

Member Eligibility File Layout

Restricted Release Elements:

- Each **row** in the release file contains one record of the indicated file type. There is an **asterisk-delimited field** in each row for every data element listed in the Restricted Release sections for each file type.
- Data Elements will be delimited in the order displayed in the File Layout sections of this document.
- **Empty** or **null** data elements will have no spaces or characters between the asterisks.

Lookup Tables:

- **Element-specific** Lookup Tables are included in this document after each File Type Layout section.
- A **Carrier-Specific Master Lookup** table is included with each data extract. Refer to the **Carrier-Specific Reference** and **Linking** sections in this document for more information.
- **External Code Sources** are listed in Appendix 10.

Masked Elements:

- For the Data Release, some of the data elements have been **Masked** to provide confidentiality for Payers and Providers, and individuals, while allowing for linkage between claims, files, and lookup tables. Refer to the **Data Protection/Confidentiality** and **Linkage** sections of the Appendices for more information.

File Layout Section Columns

- **Element**: The code name of the element, with reference to the Regulation and the Submission files received by the Center from Payers. The first two digits refer to the File Type and the following numbers to the ordering in the Submission Files.
- **Data Element Name**: Name of the element.
- **Max Length:** Maximum Length of the data column in the APCD's SQL Server database at the Center.
- **Data Type Guide:** Data Type of the column in the APCD's SQL Server database at the Center. When the APCD Release text file is imported to a database or other file type by the final user of the data, these data types provide a guide to setting up the columns in the receiving file.
- **Description:** Description of the element.
- **Release Notes:** Additional information about the element in the release.
- **Edit Level:** Level of enforcement of the data element's requirements by the Center on Payer Submissions. Refer to the **Edits** section of this document.
- **APCD Threshold:** The expected percentage of validity for instances of the element in each submission file by the Payer.

Release Text File Column Titles

- **Appendix 11: Release File Column Names** included in this document lists the column name for each data element in the Level 2 and Level 3 release files. The text files exported from the APCD SQL Database include these SQL column names in the first row.

The APCD Member Eligibility File

Member Eligibility File – Level 2 Data Elements							
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level[7]**	**APCD Threshold[8]**
Derived - ME1	Submission Month	2	int	Month of the file submission—derived by CHIA.	Month of the file submission—derived by CHIA.		
Derived - ME2	Submission Year	4	int	Year of the file submission—derived by CHIA.	Year of the file submission—derived by CHIA.		
Derived - ME3	County of Member	3	varchar	County of the Member/Patient—derived by CHIA	County of the Member/Patient—derived by CHIA		
Derived - ME4	County of Subscriber	3	varchar	County of the Service Provider—derived by CHIA	County of the Service Provider—derived by CHIA		
Derived - ME5	Member Eligibility ID	NULL	int	Unique record ID per submission control ID	With each submission control ID this number is reset to 1 and sequentially incremented by one for every record submitted		
Derived - ME6	Member ZIP code (first 3 digits)	256	varbinary	Zip Code of Member/Patient (first 3 digits)—derived by CHIA	Zip Code of Member/Patient (first 3 digits)—derived by CHIA		
Derived - ME7	Release ID	NULL	Int	Unique record ID derived specifically for this release file type	With each release file type table this number is reset to 1 and sequentially incremented by one for every record released		
Derived - ME8	Submission Control ID	NULL	int	Unique sequential number assigned to any new file type submitted to CHIA across all carriers	With each file submission this number is incremented by one		
Derived - ME9	Subscriber ZIP code (first 3 digits)	256	varbinary	Zip Code of the Subscriber (first 3 digits)—derived by CHIA	Zip Code of the Subscriber (first 3 digits)—derived by CHIA		
ME001	Payer	8	varchar	Carrier Specific Submitter Code as defined by APCD. This must match the Submitter Code reported in HD002	A CHIA-assigned identifier for any APCD Data Submitter; Insurance, Benefit Manager/Administrator, TPA, Vendor, etc.	A0	100

[7] See pg. 5 for a discussion on Edit Levels.
[8] See pg. 5 for a discussion on APCD Thresholds.

Member Eligibility File – Level 2 Data Elements							
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level[7]**	**APCD Threshold[8]**
ME003	Insurance Type Code/Product	2	varchar	Type / Product Identification Code (Lookup Table)	A code that defines the type of insurance applied to this eligibility segment by the carrier or its designee.	A1	96
ME006	Insured Group or Policy Number	256	varbinary	Carrier's group or policy number	The carrier assigned group / policy number for this eligibility segment.	A2	99
ME007	Coverage Level Code	3	varchar	Benefit Coverage Level Code (Lookup Table)	A code that reports relationships which are covered under the benefits during the time-period of this eligibility segment.	A1	99
ME012	Individual Relationship Code	2	varchar	Member/Patient to Subscriber Relationship Code (Lookup Table	Numeric indicator to define the Member's relationship to the Subscriber.	A0	97
ME013	Member Gender	1	varchar	The Member's Gender (Lookup Table)	A code that defines the Member's gender.	A0	100
ME014	Member Birth (Month Only)	2	int	Member Birth Month / Derived by CHIA	Month of the Date of Birth of the Member.	A0	99
ME014	Member Birth (Year Only)	4	int	Member Birth Year / Derived by CHIA	Year of the Date of Birth of the Member. Member Birth Year is reported as "999" when the Member is age 89 or older as of the Product Enrollment Start Date.	A0	99
ME015	Member City Name	256	varbinary	City name of the Member	City of the Member.	A0	99
ME016	Member State or Province	2	varchar	State of the Member (External Code Source 2)	State of the Member.	A0	99
ME017	Member ZIP Code	256	varbinary	Member zip code	Zip Code of the Member	A0	99
ME018	Medical Coverage	1	varchar	Indicator to refine Product or define Benefit within a Product. (Lookup Table)	Numeric indicator that reports if the Member has medical coverage as a benefit during the time-period of this eligibility segment.	A0	100
ME019	Prescription Drug Coverage	1	varchar	Indicator to refine Product or define Benefit within a Product. (Lookup Table)	Numeric indicator that reports if the Member has prescription drug coverage as a benefit during the time-period of this eligibility segment.	A0	100

Member Eligibility File – Level 2 Data Elements							
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level[7]**	**APCD Threshold[8]**
ME020	Dental Coverage	1	varchar	Indicator to refine Product or define Benefit within a Product. (Lookup Table)	Numeric indicator that reports if the Member has dental coverage as a benefit during the time-period of this eligibility segment.	A0	100
ME021	Race 1	6	varchar	Member's self-disclosed Primary Race (Lookup Table)	A code that reports the self-disclosed primary race of the Member. A value of R9 (Other Race) requires narrative of this race in Other Race.	B	3
ME022	Race 2	6	varchar	Member's self-disclosed Secondary Race (Lookup Table)	A code that reports the self-disclosed secondary race of the Member. A value of R9 (Other Race) requires narrative of this race in Other Race.	C	2
ME023	Other Race	15	varchar	Member's self-disclosed Other Race (Free Text Field)	Definition of Other Race when UNKNOW is selected in either Race 1 or Race 2 elements.	C	99
ME024	Hispanic Indicator	1	varchar	Indicator to define Hispanic status (Lookup Table)	Numeric indicator that reports if the Member has self-disclosed Hispanic heritage during the time-period of this eligibility segment.	B	3
ME025	Ethnicity 1	6	varchar	Member's self-disclosed Primary Ethnicity (Lookup Table)	A code that reports the self-disclosed primary ethnicity of the Member. A value of OTHER requires narrative of this ethnicity in Other Ethnicity.	B	3
ME026	Ethnicity 2	6	varchar	Member's self-disclosed Secondary Ethnicity (Lookup Table)	A code that reports the self-disclosed primary ethnicity of the Member. A value of OTHER requires narrative of this ethnicity in Other Ethnicity.	C	2
ME027	Other Ethnicity	20	varchar	Member's self-disclosed Other Ethnicity	Definition of Other Ethnicity when UNKNOW is selected in either Ethnicity 1 or Ethnicity 2 elements.	C	99
ME028	Primary Insurance Indicator	1	varchar	Indicator to define if Insurance is Primary (Lookup Table)	Numeric indicator that reports if the Member's eligibility is for primary insurance during the time-period of this eligibility segment.	A0	90
ME029	Coverage Type	3	varchar	Type of Coverage Code (Lookup Table)	A code that reports the risk-type of the carrier the Member is covered under during the time-period stated on this eligibility segment.	A0	90

Member Eligibility File – Level 2 Data Elements							
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level[7]**	**APCD Threshold[8]**
ME030	Market Category Code	4	varchar	Market Category Code (Lookup Table)	A code that reports the market the policy is sold into by the carrier or its designee during the time-period of this eligibility segment. Use this code to map to individuals and group sizes.	A0	95
ME031	Special Coverage	3	varchar	Special Coverage Code (Lookup Table)	A code that reports special coverage type under Commonwealth Care or the Health Safety Net during the time-period of this eligibility segment. Value of N/A indicates any other type of coverage.	A2	98
ME032	Group Name	256	varbinary	Group name	Name of the Group that this eligibility segment is associated with. Value of IND indicates a non-group as an Individual Policy.	A2	80
ME033	Member language preference	3	varchar	Member's self-disclosed verbal language preference (Lookup Table)	A code that reports the self-disclosed verbal language preference of the Member. A value of 708, 799 or 997 requires narrative of this language preference in Other Member Language Preference.	B	3
ME034	Member language preference -Other	20	varchar	Member's self-disclosed verbal language secondary preference (free text)	Definition of Other Language Preference when 708, 799 or 997 is selected in Member Language Preference.	C	99
ME035	Health Care Home Assigned Flag	1	varchar	Health Care Home Assigned indicator (Lookup Table)	Numeric indicator that reports if the Member has been assigned to a Health Care Home by the carrier or its designee during the time-period of this eligibility segment.	B	20
ME036	Health Care Home Number	28	varchar	Health Care Home Number	Link to PV002 on the Provider File to obtain detailed attributes of the Health Care Home. (Refer to Linking section of Release Document.)	C	90
ME038	Health Care Home National Provider ID	28	varchar	National Provider Identification (NPI) of the Health Care Home Provider (External Code Source 4)	The National Provider ID (NPI) of the Health Care Home.	C	10
ME039	Health Care Home Name	60	varchar	Name of Health Care Home	Name of the Health Care Home that the Member is assigned to during the time-period of this eligibility segment.	C	90

Member Eligibility File – Level 2 Data Elements							
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level[7]**	**APCD Threshold[8]**
ME040	Product ID Number	30	varchar	Product Identification Number	Link to PR001 on the Product File to obtain detailed attributes of the product that this eligibility segment is associated to. (Refer to Linking section of Release Document.)	A0	100
ME041	Product Enrollment Start Date	8	datetime	The date the member was enrolled in the product	The date the Member enrolled in the product. (YYYY-MM-DD 00:00:00.000)	A1	98
ME042	Product Enrollment End Date	8	datetime	End Date of the Member's Enrollment in the Product	The date the Member dis-enrolled in the product. If the Member is not dis-enrolled, date is null. (YYYY-MM-DD 00:00:00.000)	B	98
ME046	Member PCP ID	25	varchar	Member's PCP Identification Number	Link to PV002 on the Provider File to obtain detailed attributes of the Member's Primary Care Provider. (Values of '999999999U' when PCP is unknown and '999999999NA' if the product does not require a PCP.)	B	98
ME047	Member PCP Effective Date	8	datetime	PCP Effective Date with Member	The date that the Member commenced an affiliation with the PCP reported in this eligibility segment. (YYYY-MM-DD 00:00:00.000)	B	98
ME048	Member PCP Termination Date	8	datetime	PCP Termination Date with Member	The date that the Member terminated affiliation with the PCP reported in this eligibility segment. (YYYY-MM-DD 00:00:00.000)	B	98
ME049	Member Deductible	10	money	Annual maximum out-of-pocket Member Deductible across all benefit types	Value representing the Member's maximum annual out-of-pocket deductible, across all benefit types, (Medical, Rx, Vision, Behavioral Health, etc.) before certain services are covered. Only In-Network Deductibles are expected here.	A2	90
ME050	Member Deductible Used	10	money	Member deductible amount incurred	Value representing the amount the Member has incurred to-date toward the maximum In-Network deductible across all benefit types (Medical, Rx, Vision, Behavioral Health, etc.).	A2	100

Member Eligibility File – Level 2 Data Elements							
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level[7]**	**APCD Threshold[8]**
ME051	Behavioral Health Benefit Flag	1	varchar	Indicates if Behavioral / Mental Health is a covered benefit in the member's eligibility (Lookup Table)	Numeric indicator that reports if the Member has behavioral health coverage as a benefit during the time-period of this eligibility segment.	B	100
ME052	Laboratory Benefit Flag	1	varchar	Laboratory Benefits indicator (Lookup Table)	Numeric indicator that reports if the Member has laboratory coverage as a benefit during the time-period of this eligibility segment.	B	100
ME053	Disease Management Enrollee Flag	1	varchar	Chronic Illness Management indicator (Lookup Table)	Numeric indicator that reports if the carrier, or its designee, is managing the Member's chronic illness during the time-period of this eligibility segment.	B	100
ME059	Disability Indicator Flag	1	varchar	Disability Identifier (Lookup Table)	Numeric indicator that reports if the Member is on Disability during the time-period of this eligibility segment.	C	100
ME061	Student Status	1	varchar	Student Status Indicator (Lookup Table)	Numeric indicator that reports if the Member is a student during the time-period stated on this eligibility segment.	A0	100
ME062	Marital Status	1	varchar	Marital Status Code (Lookup Table)	A code that reports the marital status of the Member during the time-period of this eligibility segment.	B	100
ME063	Benefit Status	1	varchar	Benefit Status Code (Lookup Table)	A code that reports the benefit status of the Member during the time-period of this eligibility segment.	B	100
ME064	Employee Type	1	varchar	Employee Type Code (Lookup Table)	A code that reports the employee's employment type during the time-period of this eligibility segment.	C	100
ME066	COBRA Status	1	varchar	COBRA usage indicator (Lookup Table)	Numeric indicator that reports if the Member is covered under COBRA during the time-period of this eligibility segment.	B	80
ME073	Fully insured member	1	varchar	Fully Insured identifier (Lookup Table)	Numeric indicator that reports if the Member is Fully Insured during the time-period of this eligibility segment.	A0	100

Member Eligibility File – Level 2 Data Elements							
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level[7]**	**APCD Threshold[8]**
ME074	Interpreter	1	varchar	Interpreter Required indicator (Lookup Table)	Numeric indicator that reports if the Member has self-disclosed a need for an interpreter during the time-period stated on this eligibility segment.	A2	100
ME075	NewMMISID	256	varbinary	NewMMIS Identification Number	Unique ID used by NewMMIS to identify a Member. (This field is for MassHealth, Medicaid MCOs, or Carriers that offer Commonwealth Care.)	B	98
ME076	Member rating category	2	varchar	Member Rating Category Code (Carrier Defined Reference Table)	The rating category of the Member as defined by the carrier or its designee.	B	90
ME077	Members SIC Code	10	varchar	Member Standard SIC Code (External Code Source 15)	Codes describing the line of work of the enrollee. Carriers will use standard SIC code values.	C	2
ME080	Recipient Historical Number (MassHealth only)	256	varbinary	MassHealth RHN Number	The permanent Medicaid identification number assigned to the individual by MassHealth. This field is for MassHealth or Medicaid MCOs only.	B	98
ME081	Medicare Code	1	varchar	Medicare Plan Indicator Code (Lookup Table)	Numeric indicator that reports the Medicare coverage level, if any, of the Member during the time-period of this eligibility segment.	B	100
ME107	CarrierSpecificUniqueMemberID [Masked]	256	varbinary	Member/Patient Carrier Unique Identification	Unique, internal identification assigned by the carrier or its designee to the Member. This can be used to link eligibility segments to Claim Lines. (Refer to Linking section of Release Document.)	A0	100
ME108	Subscriber City Name	256	varbinary	City name of the Subscriber	City of the Subscriber.	A0	98
ME109	Subscriber State or Province	2	varchar	State of the Subscriber	State of the Subscriber.	A0	99
ME110	Subscriber ZIP Code	256	varbinary	Subscriber zip code	Zip Code of the Subscriber.	A0	99
ME111	Medical Deductible	10	money	Maximum out of pocket amount of applied member's deductible	Value representing the maximum amount of the Member's deductible that is applied to medical services before certain medical services are covered.	B	90

Member Eligibility File – Level 2 Data Elements							
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level[7]**	**APCD Threshold[8]**
ME112	Pharmacy Deductible	10	money	Maximum out of pocket amount of member's deductible applied to pharmacy	Value representing the maximum amount of the Member's deductible that is applied to pharmacy before certain prescriptions are covered.	B	90
ME113	Medical and Pharmacy Deductible	10	money	Maximum out of pocket amount of member's deductible applied to services	Value representing the maximum amount of the Member's deductible that is applied before certain medical services and prescriptions are covered, when the deductible is not strictly based on medical or strictly on pharmacy out of pocket costs, but on the combination of the two.	B	90
ME114	Behavioral Health Deductible	10	money	Maximum out of pocket amount of member's deductible applied to behavioral health	Value representing the maximum amount of the Member's deductible that is applied to behavioral health services before certain behavioral health services are covered.	B	90
ME115	Dental Deductible	10	money	Maximum out of pocket amount of member's deductible applied to dental services	Value representing the maximum amount of the Member's deductible that is applied to dental services before certain dental services are covered.	B	90
ME116	Vision Deductible	10	money	Maximum out of pocket amount of member's deductible applied to vision services	Value representing the maximum amount of the Member's deductible that is applied to vision services before certain vision services are covered.	B	90
ME117	CarrierSpecificUniqueSubscriberID [Masked]	256	varbinary	Subscriber Carrier Unique Identification	Unique, internal identification assigned by the carrier or its designee to the Subscriber. This can be used to link eligibility segments to Claim Lines. (Refer to Linking section of Release Document.)	A0	100
ME118	Vision Benefit	1	varchar	Indicates if Vision Services are a covered benefit in the member's eligibility (Lookup Table)	Numeric indicator that reports if the Member has vision coverage as a benefit during the time-period of this eligibility segment.	A0	100

Member Eligibility File – Level 3 Data Elements							
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level[9]**	**APCD Threshold[10]**
Not Available	Geocoded Member Address	30	varchar	Not Available for Release Version 1.0	Not Available for Release Version 1.0		
Derived - ME5	Member Eligibility ID	NULL	int	Unique record ID per submission control ID	With each submission control ID this number is reset to 1 and sequentially incremented by one for every record submitted		
Derived - ME7	Release ID	NULL	Int	Unique record ID derived specifically for this release file type	With each release file type table this number is reset to 1 and sequentially incremented by one for every record released		
Derived - ME8	Submission Control ID	NULL	int	Unique sequential number assigned to any new file type submitted to CHIA across all carriers	With each file submission this number is incremented by one		
ME002	National Plan ID	30	varchar	CMS National Plan Identification Number (PlanID)	Unique identifier as outlined by Centers for Medicare and Medicaid Services (CMS) for Plans.	Z	0
ME004	Year	4	int	Eligibility year reported in this submission.	Year for which eligibility is reported in this submission period. Previous year's data in this file will not match current year.	A0	100
ME005	Month	2	int	Reporting Month of Eligibility	Month for which eligibility is reported in the submission.	A0	100
ME008	Subscriber Unique Identification Number	256	varbinary	Subscriber's Social Security Number	Tax ID of the Subscriber.	A0	85
ME009	Plan Specific Contract Number	256	varbinary	Contract Number	Plan-assigned contract/certificate number for the Subscriber and all of the corresponding dependents. This identifier must not disclose individuals.	B	89
ME010	Member Suffix or Sequence Number	20	varchar	Member's Contract Sequence Number	The unique identifier assigned to each beneficiary (member) under a contract.	B	99

[9] See pg. 5 for a discussion on Edit Levels.
[10] See pg. 5 for a discussion on APCD Thresholds.

Member Eligibility File – Level 3 Data Elements							
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level[9]**	**APCD Threshold[10]**
ME011	Member Identification Code	256	varbinary	Member's Social Security Number	Tax ID of the Member.	A2	68
ME014	Member Date of Birth	256	varbinary	Member's date of birth	Birth date of the Member.	A0	99
ME037	Health Care Home Tax ID Number	20	varchar	Health Care Home EIN	Tax ID of the Health Care Home.	C	90
ME043	Member Street Address	256	varbinary	Street address of the Member	Street address of the Member.	A0	98
ME044	Member Address 2	256	varbinary	Secondary Street Address of the Member	Street address 2 of the Member.	B	2
ME054	Eligibility Determination Date - GIC Only	8	datetime	Eligibility date	The date that the Member's eligibility was determined, by the carrier or its designee, for the time-period of this eligibility segment.	B	98
ME056	Last Activity Date - GIC Only	8	datetime	Activity Date	The date of last activity to the Members enrollment record.	A2	98
ME057	Member Date of Death - GIC Only	8	datetime	Member's Date of Death	Date of Death of the Member, when known.	C	0
ME057	Member Year of Death	4	int	Year of Death - Derived by DHCFP	Year of the Date of Death of the Member, when known, derived by DHCFP.	C	0
ME058	Subscriber Street Address	256	varbinary	Street address of the Subscriber	Street address of the Subscriber.	A0	98
ME060	Employment Status - GIC Only	1	varchar	Employment Status Code (Lookup Table)	A code that reports the employment status of the Member as defined by the carrier or its designee of GIC enrollees during the time-period of this eligibility segment.	A2	100
ME065	Date of Retirement - GIC Only	8	datetime	Member's date of Retirement	Date GIC employee retired.	B	98
ME067	Spouse Plan Type - GIC Only	2	varchar	Spouse Plan Type Code (Carrier Defined Reference Table)	Used when spouse of employee selects Medicare coverage, separate from GIC.	C	1
ME068	Spouse Plan - GIC Only	2	varchar	Spouse Plan Medicare Code (Carrier Defined Reference Table)	Used when spouse of employee selects Medicare coverage, separate from GIC.	C	1
ME069	Spouse Medical Coverage - GIC Only	2	varchar	Spouse Medical Medicare Coverage Code (Carrier Defined Reference Table)	Used when spouse of employee selects Medicare coverage, separate from GIC.	C	1

Member Eligibility File – Level 3 Data Elements							
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level[9]**	**APCD Threshold[10]**
ME070	Spouse Medicare Indicator - GIC Only	2	varchar	Spouse Medicare Selected Code (Carrier Defined Reference Table)	Used when spouse of employee selects Medicare coverage, separate from GIC.	C	1
ME071	Pool Indicator - GIC Only	2	varchar	Pool Indicator Code (Lookup Table)	Numeric indicator that reports the risk pool that a GIC Member has been assigned by the carrier or its designee during the time-period of this eligibility segment.	B	98
ME079	Recipient Identification Number (MassHealth only)	256	varbinary	MassHealth RID Number	The current Medicaid identification number assigned to the individual by MassHealth. This field is for MassHealth or Medicaid MCOs only.	B	98
ME082	Employer Name	60	varchar	Member's Employer Name	Name of the Subscriber's employer during the time-period of this eligibility segment.	B	90
ME083	Employer EIN	9	varchar	Member's Employer EIN	Tax ID of the Employer.	B	90
ME101	Subscriber Last Name	256	varbinary	Last name of Subscriber	Last name, or entity name, of the Subscriber.	A0	100
ME102	Subscriber First Name	256	varbinary	First name of the Subscriber	First name of Subscriber, when appropriate.	A0	100
ME103	Subscriber Middle Initial	1	varchar	Middle initial of Subscriber	Middle initial of the Subscriber.	C	2
ME104	Member Last Name	256	varbinary	Last name of Member	Last name of the Member.	A0	100
ME105	Member First Name	256	varbinary	First name of Member	First name of the Member.	A0	100
ME106	Member Middle Initial	1	varchar	Middle initial of Member	Middle initial of the Member.	C	2
ME899	Record Type	128	varchar	File Type Identifier	The APCD filing-type identifier that defines the data contained within the file.	A0	100

Member Eligibility File Lookup Tables, by Element								
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level**	**APCD Threshold**	**Level 2/3**
ME003	Insurance Type Code/Product	2	varchar	Type / Product Identification Code (Lookup Table)	A code that defines the type of insurance applied to this eligibility segment by the carrier or its designee.	A1	96%	2
				Insurance Type Code	***Insurance Type***			
				12	Preferred Provider Organization (PPO)			

Member Eligibility File Lookup Tables, by Element								
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level**	**APCD Threshold**	**Level 2/3**
				13	Point of Service (POS)			
				14	Exclusive Provider Organization (EPO)			
				15	Indemnity Insurance			
				16	Health Maintenance Organization (HMO) Medicare Advantage			
				17	Dental Maintenance Organization (DMO)			
				AM	Automobile Medical			
				DS	Disability			
				HM	Health Maintenance Organization			
				HN	HMO Medicare Risk/Medicare Part C			
				LI	Liability			
				LM	Liability Medical			
				MA	Medicare Part A			
				MB	Medicare Part B			
				MC	Medicaid			
				MD	Medicare Part D			
				MO	Medicaid Managed Care Organization			
				MP	Medicare Primary			
				OF	Other Federal Program (e.g. Black Lung)			
				QM	Qualified Medicare Beneficiary			
				SC	Senior Care Option			
				SP	Supplemental Policy			
				TV	Title V			
				VA	Veterans Administration Plan			
				WC	Workers' Compensation			

Member Eligibility File Lookup Tables, by Element								
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level**	**APCD Threshold**	**Level 2/3**
ME007	Coverage Level Code	3	varchar	Benefit Coverage Level Code (Lookup Table)	A code that reports relationships which are covered under the benefits during the time-period of this eligibility segment.	A1	99%	2
				Coverage Level Code	***Coverage Level***			
				CHD	Children Only			
				DEP	Dependents Only			
				ECH	Employee and Children			
				ELF	Employee and Life Partner			
				EMP	Employee Only			
				ESP	Employee and Spouse			
				FAM	Family			
				IND	Individual			
				SPC	Spouse and Children			
				SPO	Spouse Only			
ME012	Individual Relationship Code	2	Integer	Member/Patient to Subscriber Relationship Code (Lookup Table)	Numeric indicator to define the Member's relationship to the Subscriber.	A0	97%	2
				Individual Relationship Code	***Individual Relationship***			
				1	Spouse			
				4	Grandfather or Grandmother			
				5	Grandson or Granddaughter			
				7	Nephew or Niece			
				10	Foster Child			
				15	Ward			
				17	Stepson or Stepdaughter			
				19	Child			

Member Eligibility File Lookup Tables, by Element								
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level**	**APCD Threshold**	**Level 2/3**
				20	Self/Employee			
				21	Unknown			
				22	Handicapped Dependent			
				23	Sponsored Dependent			
				24	Dependent of a Minor Dependent			
				29	Significant Other			
				32	Mother			
				33	Father			
				36	Emancipated Minor			
				39	Organ Donor			
				40	Cadaver Donor			
				41	Injured Plaintiff			
				43	Child Where Insured Has No Financial Responsibility			
				53	Life Partner			
				76	Dependent			
ME013	Member Gender	1	varchar	The Member's Gender (Lookup Table)	A code that defines the Member's gender.	A0	100%	2
				Gender Code	***Gender***			
				F	Female			
				M	Male			
				O	Other			
				U	Unknown			
ME018	Medical Coverage	1	varchar	Indicator to refine Product or define Benefit within a Product. (Lookup Table)	Numeric indicator that reports if the Member has medical coverage as a benefit during the time-period of this eligibility segment.	A0	100%	2
				Value	***Description***			

Member Eligibility File Lookup Tables, by Element								
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level**	**APCD Threshold**	**Level 2/3**
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			
				5	Not Applicable			
ME019	Prescription Drug Coverage	1	varchar	Indicator to refine Product or define Benefit within a Product. (Lookup Table)	Numeric indicator that reports if the Member has prescription drug coverage as a benefit during the time-period of this eligibility segment.	A0	100%	2
				Value	***Description***			
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			
				5	Not Applicable			
ME020	Dental Coverage	1	varchar	Indicator to refine Product or define Benefit within a Product. (Lookup Table)	Numeric indicator that reports if the Member has dental coverage as a benefit during the time-period of this eligibility segment.	A0	100%	2
				Value	***Description***			
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			
				5	Not Applicable			
ME021	Race 1	6	varchar	Member's self-disclosed Primary Race (Lookup Table)	A code that reports the self-disclosed primary race of the Member. A value of R9 (Other Race) requires narrative of this race in Other Race.	B	3%	2
				Race Code	***Race***			

Member Eligibility File Lookup Tables, by Element								
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level**	**APCD Threshold**	**Level 2/3**
				R1	American Indian/Alaska Native			
				R2	Asian			
				R3	Black/African American			
				R4	Native Hawaiian or other Pacific Islander			
				R5	White			
				R9	Other Race			
				UNKNOW	Unknown/not specified			
ME022	Race 2	6	varchar	Member's self-disclosed Secondary Race (Lookup Table)	A code that reports the self-disclosed secondary race of the Member. A value of R9 (Other Race) requires narrative of this race in Other Race.	C	2%	2
				Race Code	***Race***			
				R1	American Indian/Alaska Native			
				R2	Asian			
				R3	Black/African American			
				R4	Native Hawaiian or other Pacific Islander			
				R5	White			
				R9	Other Race			
				UNKNOW	Unknown/not specified			
ME024	Hispanic Indicator	1	varchar	Indicator to define Hispanic status (Lookup Table)	Numeric indicator that reports if the Member has self-disclosed Hispanic heritage during the time-period of this eligibility segment.	B	3%	2
				Value	***Description***			
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			

Member Eligibility File Lookup Tables, by Element								
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level**	**APCD Threshold**	**Level 2/3**
				5	Not Applicable			
ME025	Ethnicity 1	6	varchar	Member's self-disclosed Primary Ethnicity (Lookup Table)	A code that reports the self-disclosed primary ethnicity of the Member. A value of OTHER requires narrative of this ethnicity in Other Ethnicity.	B	3%	2
				Ethnicity Code	***Ethnicity***			
				2182-4	Cuban			
				2184-0	Dominican			
				2148-5	Mexican, Mexican American, Chicano			
				2180-8	Puerto Rican			
				2161-8	Salvadoran			
				2155-0	Central American (not otherwise specified)			
				2165-9	South American (not otherwise specified)			
				2060-2	African			
				2058-6	African American			
				AMERCN	American			
				2028-9	Asian			
				2029-7	Asian Indian			
				BRAZIL	Brazilian			
				2033-9	Cambodian			
				CVERDN	Cape Verdean			
				CARIBI	Caribbean Island			
				2034-7	Chinese			
				2169-1	Columbian			
				2108-9	European			
				2036-2	Filipino			

Member Eligibility File Lookup Tables, by Element								
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level**	**APCD Threshold**	**Level 2/3**
				2157-6	Guatemalan			
				2071-9	Haitian			
				2158-4	Honduran			
				2039-6	Japanese			
				2040-4	Korean			
				2041-2	Laotian			
				2118-8	Middle Eastern			
				PORTUG	Portuguese			
				RUSSIA	Russian			
				EASTEU	Eastern European			
				2047-9	Vietnamese			
				OTHER	Other Ethnicity			
				UNKNOW	Unknown/not specified			
ME026	Ethnicity 2	6	varchar	Member's self-disclosed Secondary Ethnicity (Lookup Table)	A code that reports the self-disclosed primary ethnicity of the Member. A value of OTHER requires narrative of this ethnicity in Other Ethnicity.	C	2%	2
				Ethnicity Code	***Ethnicity***			
				2182-4	Cuban			
				2184-0	Dominican			
				2148-5	Mexican, Mexican American, Chicano			
				2180-8	Puerto Rican			
				2161-8	Salvadoran			
				2155-0	Central American (not otherwise specified)			
				2165-9	South American (not otherwise specified)			
				2060-2	African			

Member Eligibility File Lookup Tables, by Element								
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level**	**APCD Threshold**	**Level 2/3**
				2058-6	African American			
				AMERCN	American			
				2028-9	Asian			
				2029-7	Asian Indian			
				BRAZIL	Brazilian			
				2033-9	Cambodian			
				CVERDN	Cape Verdean			
				CARIBI	Caribbean Island			
				2034-7	Chinese			
				2169-1	Columbian			
				2108-9	European			
				2036-2	Filipino			
				2157-6	Guatemalan			
				2071-9	Haitian			
				2158-4	Honduran			
				2039-6	Japanese			
				2040-4	Korean			
				2041-2	Laotian			
				2118-8	Middle Eastern			
				PORTUG	Portuguese			
				RUSSIA	Russian			
				EASTEU	Eastern European			
				2047-9	Vietnamese			
				OTHER	Other Ethnicity			

Member Eligibility File Lookup Tables, by Element								
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level**	**APCD Threshold**	**Level 2/3**
				UNKNOW	Unknown/not specified			
ME028	Primary Insurance Indicator	1	varchar	Indicator to define if Insurance is Primary (Lookup Table)	Numeric indicator that reports if the Member's eligibility is for primary insurance during the time-period of this eligibility segment.	A0	90%	2
				Value	***Description***			
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			
				5	Not Applicable			
ME029	Coverage Type	3	varchar	Type of Coverage Code (Lookup Table)	A code that reports the risk-type of the carrier the Member is covered under during the time-period stated on this eligibility segment.	A0	90%	2
				Coverage Type Code	***Coverage Type***			
				ASW	self-funded plans that are administered by a third-party administrator, where the employer has purchased stop-loss, or group excess, insurance coverage			
				ASO	self-funded plans that are administered by a third-party administrator, where the employer has not purchased stop-loss, or group excess, insurance coverage			
				STN	short-term, non-renewable health insurance			
				UND	plans underwritten by the insurer			
				OTH	Any other plan. Insurers using this code shall obtain prior approval.			

Member Eligibility File Lookup Tables, by Element								
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level**	**APCD Threshold**	**Level 2/3**
ME030	Market Category Code	4	varchar	Market Category Code (Lookup Table)	A code that reports the market the policy is sold into by the carrier or its designee during the time-period of this eligibility segment. Use this code to map to individuals and group sizes.	A0	95%	2
				Market Category Code	***Market Category***			
				IND	Policies sold and issued directly to individuals (non-group)			
				FCH	Policies sold and issued directly to individuals on a franchise basis			
				GCV	Policies sold and issued directly to individuals as group conversion Policies			
				GS1	Policies sold and issued directly to employers having exactly one employee			
				GS2	Policies sold and issued directly to employers having between two and nine employees			
				GS3	Policies sold and issued directly to employers having between 10 and 25 employees			
				GS4	Policies sold and issued directly to employers having between 26 and 50 employees			
				GLG1	Policies sold and issued directly to employers having between 51 and 99 employees			
				GLG2	Policies sold and issued directly to employers having between 100 and 249 employees			
				GLG3	Policies sold and issued directly to employers having between 250 and 499 employees			
				GLG4	Policies sold and issued directly to employers having 500 or more employees			
				GSA	Policies sold and issued directly to small employers through a qualified association trust			

Member Eligibility File Lookup Tables, by Element								
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level**	**APCD Threshold**	**Level 2/3**
				OTH	Policies sold to other types of entities. Insurers using this market code shall obtain prior approval.			
ME031	Special Coverage	3	varchar	Special Coverage Code (Lookup Table)	A code that reports special coverage type under Commonwealth Care or the Health Safety Net during the time-period of this eligibility segment. Value of N/A indicates any other type of coverage.	A2	98	2
				Special Coverage Code	***Special Coverage***			
				CC	Commonwealth Care			
				HSN	Health Safety Net			
				N/A	Not Applicable			
ME033	Member language preference	3	varchar	Member's self-disclosed verbal language preference (Lookup Table)	A code that reports the self-disclosed verbal language preference of the Member. A value of 708, 799 or 997 requires narrative of this language preference in Other Member Language Preference.	B	3%	2
				Language Preference Code	***Language Preference***			
				600	English			
				601	Cape Verdean Creole			
				607	German			
				619	Italian			
				620	French			
				623	Haitian Creole			
				625	Spanish			
				629	Portuguese			
				637	Greek			
				639	Russian			
				645	Polish			
				656	Persian			

Member Eligibility File Lookup Tables, by Element								
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level**	**APCD Threshold**	**Level 2/3**
				663	Hindi			
				671	Urdu			
				708	Chinese (Please specify in ME034)			
				723	Japanese			
				724	Korean			
				728	Vietnamese			
				742	Tagalog			
				777	Arabic			
				778	Hebrew			
				799	African (Please specify in ME034)			
				997	Other Language (Please specify in ME034)			
				999	Unknown / not specified			
ME035	Health Care Home Assigned Flag	1	varchar	Health Care Home Assigned indicator (Lookup Table)	Numeric indicator that reports if the Member has been assigned to a Health Care Home by the carrier or its designee during the time-period of this eligibility segment.	B	20%	2
				Value	***Description***			
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			
				5	Not Applicable			
ME051	Behavioral Health Benefit Flag	1	varchar	Indicates if Behavioral / Mental Health is a covered benefit in the member's eligibility (Lookup Table)	Numeric indicator that reports if the Member has behavioral health coverage as a benefit during the time-period of this eligibility segment.	B	100%	2
				Value	***Description***			

Member Eligibility File Lookup Tables, by Element								
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level**	**APCD Threshold**	**Level 2/3**
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			
				5	Not Applicable			
ME052	Laboratory Benefit Flag	1	varchar	Laboratory Benefits indicator (Lookup Table)	Numeric indicator that reports if the Member has laboratory coverage as a benefit during the time-period of this eligibility segment.	B	100%	2
				Value	***Description***			
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			
				5	Not Applicable			
ME053	Disease Management Enrollee Flag	1	varchar	Chronic Illness Management indicator (Lookup Table)	Numeric indicator that reports if the carrier, or its designee, is managing the Member's chronic illness during the time-period of this eligibility segment.	B	100%	2
				Value	***Description***			
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			
				5	Not Applicable			
ME059	Disability Indicator Flag	1	varchar	Disability Identifier (Lookup Table)	Numeric indicator that reports if the Member is on Disability during the time-period of this eligibility segment.	C	100%	2
				Value	***Description***			

Member Eligibility File Lookup Tables, by Element								
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level**	**APCD Threshold**	**Level 2/3**
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			
				5	Not Applicable			
ME060	Employment Status – GIC Only	1	varchar	Employment Status Code (Lookup Table)	A code that reports the employment status of the Member as defined by the carrier or its designee of GIC enrollees during the time-period of this eligibility segment.	A2	100	3
				Employment Status Code	***Employment Status***			
				A	Active			
				I	Involuntary Leave			
				O	Orphan			
				P	Pending			
				R	Retiree			
				U	Unknown			
				Z	Unemployed			
ME061	Student Status	1	varchar	Student Status Indicator (Lookup Table)	Numeric indicator that reports if the Member is a student during the time-period stated on this eligibility segment.	A0	100%	2
				Value	***Description***			
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			
				5	Not Applicable			

Member Eligibility File Lookup Tables, by Element								
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level**	**APCD Threshold**	**Level 2/3**
ME062	Marital Status	1	varchar	Marital Status Code (Lookup Table)	A code that reports the marital status of the Member during the time-period of this eligibility segment.	B	100%	2
				Marital Status Code	***Marital Status***			
				S	Never Married			
				M	Married			
				X	Legally Separated			
				D	Divorced			
				U	Unknown			
				W	Widowed			
ME063	Benefit Status	1	varchar	Benefit Status Code (Lookup Table)	A code that reports the benefit status of the Member during the time-period of this eligibility segment.	B	100%	2
				Benefit Status Code	***Benefit Status***			
				A	Active			
				C	COBRA			
				S	Surviving Insured			
				T	TEFRA			
				U	Unknown			
ME064	Employee Type	1	varchar	Employee Type Code (Lookup Table)	A code that reports the employee's employment type during the time-period of this eligibility segment.	C	100%	2
				Employee Type Code	***Employee Type***			
				H	Hourly			
				S	Salaried			
				T	Temporary			
				U	Unknown			

Member Eligibility File Lookup Tables, by Element								
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level**	**APCD Threshold**	**Level 2/3**
ME066	COBRA Status	1	varchar	COBRA usage indicator (Lookup Table)	Numeric indicator that reports if the Member is covered under COBRA during the time-period of this eligibility segment.	B	80%	2
				Value	***Description***			
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			
				5	Not Applicable			
ME071	Pool Indicator – GIC Only	2	varchar	Pool Indicator Code (Lookup Table)	Numeric indicator that reports the risk pool that a GIC Member has been assigned by the carrier or its designee during the time-period of this eligibility segment.	B	98%	3
				Pool Indicator Code	***Pool Indicator***			
				1	Regular State Employees and Retirees, plus local authorities			
				2	Elderly Governmental Retirees (EGR) and Retired Municipal Teachers (RMTs)			
ME073	Fully insured member	1	varchar	Fully Insured identifier (Lookup Table)	Numeric indicator that reports if the Member is Fully Insured during the time-period of this eligibility segment.	A0	100%	2
				Value	***Description***			
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			
				5	Not Applicable			

Member Eligibility File Lookup Tables, by Element								
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level**	**APCD Threshold**	**Level 2/3**
ME074	Interpreter	1	varchar	Interpreter Required indicator (Lookup Table)	Numeric indicator that reports if the Member has self-disclosed a need for an interpreter during the time-period stated on this eligibility segment.	A2	100%	2
				Value	***Description***			
				1	Yes			
				2	No			
				3	Unknown			
				4	Other			
				5	Not Applicable			
ME081	Medicare Code	1	varchar	Medicare Plan Indicator Code (Lookup Table)	Numeric indicator that reports the Medicare coverage level, if any, of the Member during the time-period of this eligibility segment.	B	100%	2
				Medicare Code	***Medicare Code Description***			
				0	No Medicare Coverage			
				1	Part A Only			
				2	Part B Only			
				3	Part A and B			
				4	Part C Only			
				5	Advantage			
				6	Part D Only			
ME118	Vision Benefit	1	varchar	Indicates if Vision Services are a covered benefit in the member's eligibility (Lookup Table)	Numeric indicator that reports if the Member has vision coverage as a benefit during the time-period of this eligibility segment.	A0	100%	2
				Value	***Description***			
				1	Yes			
				2	No			

Member Eligibility File Lookup Tables, by Element								
Element	**Data Element Name**	**Max Length**	**Data Type Guide**	**Description**	**Release Notes**	**Edit Level**	**APCD Threshold**	**Level 2/3**
				3	Unknown			
				4	Other			
				5	Not Applicable			

Member Eligibility File: External Code Sources

Refer to Appendix 10: External Code Sources

Member Eligibility File Cleaning, Standardization, and Redaction

APCD Member Eligibility File Cleaning Logic, by Element				
Element	**Data Element Name**	**Format/Length**	**Description**	**Cleaning Logic**
ME013	Member Gender	char[1]	Member's Gender	Change 'm' to 'M', 'f' to 'F', 'o' to 'O', 'u' to 'U'. Nullify invalid values based on lookup table
ME014	Member Birth Year	Int[4]	Member Birth Year	If age based on date of birth > 89 as of the last day of the submission period, then set member birth year to 999. Nullify member birth year if age > 115.
ME021	Race 1	varchar[6]	Member's self-disclosed Primary Race	Nullify all values equal to 'NULL'.
ME022	Race 2	varchar[6]	Member's self-disclosed Secondary Race	Nullify all values equal to 'NULL'.
ME025	Ethnicity 1	char[6]	Member's Primary Ethnicity	Nullify all values equal to 'NULL'. Change values of 'AMRCN' to 'AMERCN'.
ME026	Ethnicity 2	char[6]	Member's Secondary Ethnicity	Nullify all values equal to 'NULL'.
ME033	Member Language Preference	int[3]	Member's self-disclosed verbal language preference	Change: '998' to '999', 'UNK' to '999', 'ENG' to '600'.
ME038	Health Care Home National Provider ID	int[10]	National Provider Identification (NPI) of the Health Care Home Provider	Nullify values if not 10-digit integer.
ME046	Member PCP ID	varchar[30]	Member's PCP ID	Change: '99999999NA' to '999999999NA', '9999999999NA' to '999999999NA'.

APCD Member Eligibility File Cleaning Logic, by Element				
Element	**Data Element Name**	**Format/Length**	**Description**	**Cleaning Logic**
ME074	Interpreter	int[1]	Indicator - Interpreter Need	Change: 'U' to '3'.

APCD Member Eligibility File Standardization, by Element using Melissa Data[11]			
Element	**Data Element Name**	**Format/Length**	**Description**
Derived by CHIA	County of Member	[3]	
Derived by CHIA	County of Subscriber	[3]	
Derived by CHIA	Member ZIP code (first 3 digits)	[3]	
Derived by CHIA	Subscriber ZIP code (first 3 digits)	[3]	
Not Available	Geocoded Member Address	[30]	
ME015	Member City Name	varchar[30]	City name of the Member
ME016	Member State or Province	char[2]	State / Province of the Member
ME017	Member ZIP Code	varchar[9]	Zip Code of the Member
ME043	Member Street Address	varchar[50]	Street address of the Member
ME044	Member Address 2	varchar[50]	Secondary Street Address of the Member
ME058	Subscriber Street Address	varchar[50]	Street address of the Subscriber
ME108	Subscriber City Name	varchar[30]	City name of the Subscriber
ME109	Subscriber State or Province	char[2]	State of the Subscriber
ME110	Subscriber ZIP Code	varchar[9]	Zip Code of the Subscriber

APCD Member Eligibility File SSN Redaction, by Element			
Element	**Data Element Name**	**Format/Length**	**Description**
ME032	Group Name	varchar[50]	Group name

[11] Please refer to **Appendix 3** for details on the Melissa standardization process, the redaction process, and the reidentification process.

APCD Member Eligibility File Reidentification, by Element			
Element	**Data Element Name**	**Format/Length**	**Description**
ME036	Health Care Home Number_Linkage_ID	varchar[30]	Health Care Home ID
ME040	Product ID Number_Linking_ID	varchar[30]	Product Identification
ME046	Member PCP ID_Linkage_ID	varchar[30]	Member's PCP ID